

larly, the second barrier **106** includes a second opening **122** between the second compartment **102** and the third compartment **103**. Each of these openings has an opening depth associated therewith. Similarly, each opening has an opening width associated therewith. In the illustrative embodiment of FIGS. 1-6, the first opening **121** is bounded by a first opening base member **129** and two inclined first opening side members **127,128**, while the second opening **122** is bounded by a second opening base member **131**, an inclined second opening side member **130**, and the perimeter wall **110**.

While the opening depths can be the same, in one embodiment the opening depths are different. For example, in the illustrative embodiments of FIGS. 1-6, the first opening **121** has a first opening depth **123** that is less than the second opening depth **124** of the second opening **122**. Similarly, in one embodiment the opening widths are different. For example, in the illustrative embodiments of FIGS. 1-6, the first opening **121** has a first opening width **125** that is less than the second opening width **126** of the second opening **122**. Such a disparity in opening depths and widths, as well as the inclusion of inclined opening side members, provides an advantage in some applications.

For instance, in many catheter procedures a pair of syringes—such as syringes having a one-half inch diameter—fits easily into the first compartment **101** when the tray **100** is made with the illustrative dimensions set forth above. However, some procedures require one or more of the syringes to be larger. For example, some syringes are larger in diameter. These larger syringes are capable of nesting within the first opening **121** and second opening **122**. The inclined opening side members prevent the syringe from moving lengthwise, while the disparate opening heights present the plunger of the syringe to the medical services provider for easy removal from the tray **100**.

The stair-stepped contour **115**, working in tandem with the first opening **121**, gives the tray additional advantages over prior art catheter containers. For instance, when the first compartment **101** has a first compartment base member **107** configured with a stair-stepped contour **115**, the first compartment **101** can be used as a lubricant applicator for the catheter.

Specifically, the medical services provider may dispense the lubricating jelly along the second step portion **117**. As the second step portion **117** is lower in the tray **100** than the first step portion **116**, the second step portion **117** serves as a channel in which the lubricating jelly may spread. A medical services provider may then pass the catheter through the first opening **121**, through the channel formed by the second step portion **117**, i.e., along the second step portion **117** through the dispensed lubricating jelly, and out the top of the tray **100** to the patient. This feature of the tray **100** greatly eases the application of lubricating jelly to the catheter when compared to prior art solutions. In one embodiment, the tray **100** is packaged with printed instructions showing the medical services provider how to apply lubricating jelly in this manner. The printed instructions will be described in more detail below with respect to FIGS. 12-23.

It will be clear to those of ordinary skill in the art having the benefit of this disclosure that alternative methods may be used to apply the lubricating jelly as well. For example, in another embodiment, the lubricating jelly is dispensed directly onto the catheter tubing while the tubing is in or above the first compartment **101**. Excess lubricant falling from the catheter tubing can then collect, and be retained, in the second step portion **117**.

This particular feature highlights another advantage of the “compartmentalized” structure of various embodiments of the invention. As the tray **100** includes multiple compartments, various tasks associated with a catheterization procedure can be completed while keeping the catheter within the tray **100**. The ability to keep the catheter in the tray **100** reduces the risk that the catheter or corresponding devices will be contaminated with bacteria or microbes on other objects within the procedure room. For example, when the first compartment **101** is used to apply lubricating jelly to the catheter, the lubricating jelly can be applied while the catheter is contained within the tray **100**, thereby reducing the risk that the catheter will become contaminated. This correspondingly reduces the risk of infection for the patient receiving the catheter.

Prior art systems, for example such as those in which the catheterization procedure components are shipped in separate containers, may contribute to substandard techniques in that the catheter can become contaminated when moving it from its shipping container. Consequently, the patient can be at an elevated risk of infection as the catheter is moved from one tray to another. Embodiments of the present invention solve this problem by providing a single level tray **100** with compartments. Further, in one embodiment the first compartment **101** includes the first opening **121** so the catheter can stay in place during and after lubrication. By having easy access to the components disposed in the single level tray **100**, the medical services provider can more easily prepare and use the components within the tray **100**. This helps to minimize the risk of contaminating the patient or the sterile field during the procedure.

In one embodiment, the second step portion **117** is configured to be inclined at a shallower angle than the first step portion **116** in at least a portion opposite the recess **119** from the first opening **121**. When configured in such a fashion, the second step portion **117** includes a “cutdown” so that the catheter can stay within the channel both during and after lubrication.

Additionally, the catheter can be placed in both the first opening **121** and second opening **122** during lubrication. When positioned in this configuration, the second opening **122** helps to align the catheter with the first opening for easy passage through the lubrication channel formed by the second step portion **117**.

The tray **100** of FIGS. 1-6 includes additional advantages over prior art catheter packaging as well. For example, in one embodiment, instructions **132** or other graphical indicia can be printed, placed upon, or molded into the horizontal flange **111**. In one embodiment, compartment designations can be placed above each compartment to ensure the medical services provider uses the correct device or material at the correct time. In another embodiment, expiratory dates for materials or devices disposed within the tray **100** may be placed on the horizontal flange **111**. It will be obvious to those of ordinary skill in the art having the benefit of this disclosure that the invention is not so limited. Any number of various text or picture combinations can be printed on, placed upon, or molded into various parts of the tray. For instance, graphical indicia can be applied to the compartment base members in addition to the horizontal flange **111**. Note that the horizontal flanges, in one embodiment, can terminate in downwardly protruding vertical flanges for increased stability during the printing process.

Another advantage of the tray **100** is that its compartmentalized configuration helps to reduce the risk of contaminating a patient or compromising the sterile nature of the components stored in the tray **100**. Since both the